

CDOC SPECIAL PLANNING MEETING AGENDA & NOTES

Meeting Date	Thursday, September 19th, 2013	Time	2:00 pm – 4:00 pm
Meeting Location	Teleconference		
Call-In Number	(866) 676-9903 Passcode: 5473139		

Attendees	Representing
Daniel, Stony Anderson, MD	Kaiser Perm / C4
Linda Lee, MA	CDPH
Roshan Bastani, PhD	UCLA
Roxanna Bautista, MPH, CHES	APIAHF
Paula Aspiazu	ACS
Jennie Cook	ACS/ICC
Shauntay Davis, MPH	CDPH/CCCP

Attendees	Representing
Joanna Morales, Esq	North Star Alliances
Kurt Snipes, MS, PhD	CDPH
Temetry Lindsey, PhD	IBHS
Marilyn Kempster, MPH	CDPH/CCCP
Sosha Marasigan-Quintero, MPA	CDPH/CCPCP/CCCP
Kathie Magnuson	CDPH/CCCP

Time Allotted	Start Time	Agenda Topic	Led by	Attachment
5 min.	2:00 pm	Welcome/Attendance	Stony/Kathie	
5 min	2:05 pm	Purpose of the meeting	Shauntay	
30 min	2:10 am	<ul style="list-style-type: none"> • CDOC Vision & Mission statements • CDOC Membership Packet/Annual Renewal Packet 	Shauntay	<ul style="list-style-type: none"> • CDOC Mission_Vision Grid • CDOC Membership Packet Item List
5 min	2:40 pm	9 Habits of a Successful Coalition Review and discussion on four habits selected by workshop attendees <ul style="list-style-type: none"> • Effective Communication • Clear Roles and Responsibilities • Flexible Structure • Priority Work Plans 	Stony/Shantay	<ul style="list-style-type: none"> • CCC Workshop 9habits
10 min	3:45 pm	Additional Discussion Items	All	
5 min	3:55 am	Next Steps/Adjourn	Stony	

Limit: 2 hours

Notes:

Welcome/Introductions

- Welcome and Roll Call by Shauntay Davis/Kathie Magnuson

Purpose of the meeting – Shauntay Davis

- Address areas in which CDOC may improve coalition processes based off of guidance received at the CDC workshop, "From Ideas to Action: Making an Impact through your CCC Coalition Cancer Control Workshop, which was held on August 12 – 14, 2013 in Atlanta, Georgia.
- The Workshop discussion included “9 Habits of a Successful Coalition.” The participants were asked to choose 4 “habits” in which their coalition may need to improve. The four habits selected by workshop attendees included:
 1. Effective Communication – Habit # 6
 2. Clear Roles and Responsibilities – Habit #7
 3. Flexible Structure – Habit #8
 4. Priority Work Plans
- Points of discussion regarding each habit follows:
 1. **Effective Communication – Habit # 6**
 - It was discussed that our Stakeholders should have more communication from CDOC
 - However, because of the CDOC program transition it was not possible to keep communication current
 - Now that the program’s transition is completed, we are working to ensure that our stakeholders are receiving regular communications from CDOC so they don’t feel like they are just a name on a list
 - The program will be reinstating the quarterly newsletter. Currently, a Special Edition of the CDOC newsletter is in the State approval process
 - The Special Edition Newsletter will be introducing new staff members, updates on the program and Ex Com meetings
 - One goal of the newsletter will be to make involvement with CDOC more interactive giving the readers an opportunity to post their own program content, spotlight their projects and post articles about their program. This is one way for them to feel more inclusive and to enhance communication
 - It was suggested that we include our website address in our newsletter once the website is up and running
 - On the website there will be a calendar of upcoming events for CDOC and other related programs
 - Ex Com and the other Teams will post their meeting agendas/notes so that our stakeholders will feel more involved with what is going on with CDOC
 - It was suggested that we hold a Stakeholder conference call or a webinar at least once or twice a year. This would be another way to get Stakeholders involved in addition to receiving the newsletter.
 - It was suggested that we hold a CDOC Stakeholder Coalition call at least once or twice a year and survey the Stakeholders on topics of interest

ACTION: Stony will contribute C4’s agenda/meeting notes to the newsletter to help keep stakeholders informed

ACTION: CDOC Stakeholder Coalition meeting dates will be established by Shauntay Davis

2. Clear Roles and Responsibilities – Habit #7

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- Now that the program is running, recommitment letters have been sent to every coalition team member to confirm their commitment to participate.
- Annual renewal packages will be going out to each of our stakeholders. This is one way we can obtain current contact information and be informed on their project focus. We can also inform them what CDOC is doing and update them on changes with CDOC and make sure that they still want to be engaged providing them with enough information for them to make a decision on whether they want to continue their involvement with CDOC. It is also an opportunity to remind Stakeholders of their role and responsibilities
 - The packet contents will include:
 - A cover letter from the Chair
 - A statement of our annual priorities and accomplishments
 - A description of our teams and the specific requirements for implementation team members:
 - Actively contribute in at least 3 of the 4 team teleconferences each year (some teams have more frequent meetings)
 - Attend the one in-person meeting each year (Ex Com only)
 - Contribute expertise to the efforts of the CDOC implementation team that they are involved in
 - To participate in CDOC as an individual but to bring the perspective of the agency, organization or constituency the member represents
 - Routinely inform your agency, organization or constituency on major issues or focal areas considered by CDOC-with a special emphasis on those outlined in the state cancer plan
 - To identify collaborative opportunities by joining with others at the CDOC table who share similar concerns and desired outcomes
 - A form and instructions for those wanting to join a team
 - A statement of who we are, including our mission and goals as well as a statement of the benefits of collaboration:
 - Share information and increase knowledge base with the greater cancer community
 - Increase your ability to leverage resources and the visibility for cancer control
 - Reduce the duplication of efforts
 - Collaboration opportunities
 - It was suggested that these benefits are clear benefits but that the statement could benefit from more practical examples of the benefits of collaboration, e.g. how are you creating a method to increase their partnership opportunities?
 - The Membership Stakeholder Roster includes both the Implementation Teams and Ex Com
 - The Stakeholder Roster could be made available online with password protection
 - The CDOC guidelines
 - The Stakeholder and Team Member Guidelines, include the following required qualifications:
 - Willingness and a desire to serve

- Thorough understanding of the mission of CDOC
 - Have basic knowledge of cancer and cancer-related issues
 - A Spotlight form to allow members to provide details of specific programs relate to the Cancer Plan with the possibility that their program could be featured in the Newsletter or website
 - The state cancer plan
 - California Cancer Facts and Figures
- The packets will be finalized after the Mission and Vision statements are finalized
- It has not yet been decided whether to send the annual renewal packets out on a calendar year or a fiscal year basis
 - It was suggested that sending the renewal packets off-cycle would avoid having to process renewals at the beginning of the fiscal year but rather to do it a few months before so that the information will be in hand for the renewal while there is still time to evaluate whether there are issues, such as underrepresented sectors, which need to be addressed

3. Flexible Structure – Habit #8

- The Tobacco Team have not met in couple of years
 - Lind Lee has been giving us updates on the State Tobacco Control Program. However, Linda has stepped down as chair of the Tobacco team but can still be involved as a member.
- CDOC has not put any effort into a tobacco platform
- It was discussed at the Atlanta workshop that if they haven't met in over a year is this team still necessary?
- There are many different tobacco efforts on-going throughout the State; therefore, is there a need for CDOC to initiate any new projects?
- A comment was made referencing the strategic planning meeting held in Jan 2012: What is the value that CDOC is adding to cancer control and prevention? CDOC should not be duplicating efforts, rather addressing issues that need attention.
- One suggested that Linda Lee represent the State Tobacco Program and perhaps have a representative from ACS as well
- Jennie noted that she has been appointed to chair the ACS Wellness Team which includes tobacco and she could provide updates on what ACS is doing in this area
- Shauntay Davis asked for comments regarding the possible elimination of the Tobacco Team
 - The issue may be the composition of the team which could be changed
 - Maybe form a small group consisting of 2 or 3 people who could brainstorm and bring recommendations on current issues, such as with e-cigarettes
 - There is a lot of work being done in the Tobacco area by the Department of Health Services Coalition
 - A smaller team of liaisons could be more effective
 - One challenge is to avoid being duplicative of the work being done by others but find flexible ways to bring the information to CDOC
- It was suggested that dropping the word “implementation” from the team names would be more descriptive of what they are
 - Renaming the teams as “workgroups” was suggested
- Restructure the Tobacco and C4 teams to each be a liaison from their respective organizations/fields

DECISION: Rename the “Implementation Teams” to “Workgroups” with Tobacco and C4 represented by Liaisons.

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- DAD stands for Disparities, Access to Care and Early Detection.
- They deal with access to care, however the question posed, “Are they addressing disparities and early detection as well?”
- Suggestion to consider ‘unbundling’ all of the DAD components
- About 400 members in 15 areas of California through community coalitions
- About 75% to 80% of the population involved
- Is there a way to rename this committee to more accurately describe what the committee does?
- The DAD teams have been trained in Access to Care to learn how to get their communities to get involved, which deals with disparities and access to care
- There was a concern that changing the name from DAD may alienate the team members and result in the loss of team members

ACTION: Shauntay will address the DAD team members via conference call and will report back regarding the response to a suggestion that the name be changed

- The advocacy teams are limited in what they can do because of the goals and objectives of the organizations they represent
- The organizations have also had a lot of turnover
- Would an education workgroup be something that would meet the goals of CDOC
- It was observed that the CDOC Advocacy Team can do more than state staff because of certain restrictions on legislative advocacy.
- Suggestion that the CDOC Advocacy Team should focus on those efforts where it can be most effective in terms of advocacy
- The role of the Advocacy Team is to share information and education
- Proposal to rename team to the Education Committee which would monitor proposed legislative actions and educate others, such as the DAD teams, to mobilize education and resources as needed

4. Priority Work Plans

- Team chairs should ensure that the implementation teams are turning in annual work plans
- This benefits the other teams and allows better collaboration
- Important that this be done every year

ACTION: Shauntay will send out a template for reporting on the work plans by the implementation teams

- Follow-up will be done by the CDC workshop organizers to ensure we have followed through with our areas of concentration

CDOC Vision & Mission statements

- The *CDOC Mission Vision Grid* document was discussed
 1. The purpose of this part of the meeting is to have every member document be consistent with our Mission, Vision, Goals, and Objective.
 2. It was suggested that the Mission, Vision, Goals and Objectives be simplified
 3. What CDOC does is not going to change. We will always be working towards the same goals as when CDOC was initiated
 4. Having a Mission, Vision, Goals, and Objectives is very lofty and should be simplified
 5. This will bring simplicity to our Membership Packet and our Brochures.
 6. Generally there is a Mission and Vision Statement. However, with the Vision Statement it's usually a large goal that is like a type of dream or the end result of what is to be

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accomplished. The Mission Statement is how we are going to work towards achieving that Vision

7. It was suggested that a Vision Statement is not necessary. We could combine the various statements and not have objectives but only have goals.
8. In the Mission Statement, it states to “eliminate the cancer burden” but the big statement is” achieve health equity in cancer care and survivorship.” We do more than what is currently stated. We also are working towards prevention and early detection which is not captured very well in the Mission Statement.
9. It was suggested for easy understanding that the information on the Grid be combined regarding the Mission and Vision Statements. This then could be distributed to the Ex Com Members
10. It was suggested that we should eliminate objectives and only have goals
11. It was suggested that each member give Shauntay their suggestions for our Mission Statement and Goals within a few days

ACTION: Shauntay Davis will put together a sampling of a possible Mission Statement and goals to be distributed to the Ex Com Members

Adjournment